

FORMAT FOR RESPONSE TO GRIEVANCES OF STEP 1 AND 2

Date:

Name:

Address:

City, State, Zip

Send Certified Mail
Return Receipt Requested
and/or have employee
sign and date the letter to
indicate receipt.

Dear:

This letter is in response to your Step [1 or 2] grievance.

- a. State the date of discussion/meeting and who was present.
- b. State the complaint and relief requested.
- c. State steps taken to research issue (ie: people interviewed or documents reviewed).
- d. State the decision.
- e. Explain his/her rights, etc.

This concludes the grievance at Step [1] and is binding unless you wish to pursue your grievance to Step [2]. Personnel Rules limit the period during which you can pursue the grievance, within FIVE (5) days, unless all parties mutually agree to a waiver of the time limits.

If you have any questions, please contact the responsible FACILITY DIRECTOR/Regional Director/Associate Director at your earliest convenience.

Sincerely yours,

Facility Director/Regional Director/ASSOCIATE DIRECTOR

cc:

MANAGING Regional Director/MANAGING Associate Director/ DIVISION OF YOUTH
CORRECTIONS' DIRECTOR
CDHS AND Employee OFFICIAL PERSONNEL RECORD